



HEALTH AND WELLBEING BOARD:15 JUNE 2026

REPORT OF THE DIRECTOR OF ADULTS AND CULTURAL SERVICES

LEICESTERSHIRE BETTER CARE FUND PLAN 2026-27

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with an overview of the progress to date on the submission of the Leicestershire Better Care Fund (BCF) Plan 2026-27.

Recommendation

2. It is recommended that the HWB:
 - a. Note the content of the report
 - b. Note the Better Care Fund (BCF) Plan 26-27 numerical template attached as Appendix A and the narrative document, attached as Appendix B, that details the contents of the BCF Plan return;
 - c. Note the action taken by the Chief Executive of Leicestershire County Council, to use powers of delegation to approve the BCF Plan for submission prior to the deadline of 19th May 2026.

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2015, with the first year of BCF Plan delivery being 2015-16. The Cabinet in February 2014 authorised the HWBB to approve the BCF Plan and plans arising from its use.
4. Links to the policy framework and planning requirements for the 2026-27 BCF plans are also listed in the Background Papers section below.
5. The Integration Executive, a subgroup of the Health and Wellbeing Board with responsibility for the day-to-day delivery of the BCF, considered the draft BCF Plan 2026-27 at its meeting on the 5th May. The Executive supported its contents

Timetable for Decisions

6. The submission documentation was published on the 18th February, 2026 with a deadline of submission to NHS England of the 19th May, 2026.
7. The Better Care Fund plan 2026-27 was approved by the Chief Executive of Leicestershire County Council on 18th May, 2026 using delegated powers.
8. The Better Care Fund Plan 2026-27 was submitted to NHSE on 19th May 2026.

Background

9. The BCF programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a unique collaboration between:
 - The Department of Health and Social Care;
 - Department for Levelling Up, Housing and Communities;
 - NHS England and Improvement;
 - The Local Government Association.
10. The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the [NHS Long Term Plan](#). Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
11. Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:
 - minimum allocation from NHS Integrated Care Boards (ICB's);
 - disabled facilities grant – local authority grant;
 - social care funding (improved BCF) – local authority grant;
 - winter pressures grant funding £240 million – local authority grant.

BCF Plan for 2026-27

12. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance of spending in line with the national conditions of the Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF Plans and progress on wider integration.
13. The BCF Plan differs from previous years in that there is no formal demand and capacity modelling template, however, HWB areas are expected to still undertake this to inform commissioning and spend. The submission still consists of the expenditure plan, narrative and outcome metrics.
14. An excel template is made available for areas to use to record and agree spending in local BCF Plans, named the BCF Numerical Template. This is intended to support local planning and reporting at year end. It includes targets and current data against the national metrics included in the requirements. The template is attached as Appendix A to this report.
15. To give assurance to the Board on the initial developments on completing the plan, Appendix B narrative highlights how the HWB area and overall system will aim to meet the national conditions required to gain national approval of the plans. This mirrors the planning requirements tab on the excel template.

16. The planning principles document is attached as Appendix C to this report.

BCF National Conditions

17. The three national conditions set by the Government in the policy framework for 2026-27 are:

18. **National condition 1: effectively support the delivery of integrated and preventative care.** ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.

The planning requirements are as follows.

ICBs and local authorities must:

- have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care
- set out plans that:
 - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges
 - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement
 - include the specific contribution of BCF-funded services
 - demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity

To demonstrate these requirements:

- named ICB and local authority chief executives and a named health and wellbeing board chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care
- the BCF assurance return must include a short statement setting out how BCF funding will support wider strategic objectives, including those referenced in the ICB 5-year strategic commissioning plan. This statement must include:
 - a short explanation for any substantial changes in allocations compared with the 2025 to 2026 BCF funding and, if doing so, set out how ICBs and local authorities are ensuring continuity of critical services
 - a summary of assessments in the demand and capacity needed for intermediate care
- the assurance return must also:
 - set out local goals for non-elective hospital admissions for people aged 65 and over and discharge delays and the rationale for these goals, including alignment with local NHS provider medium-term planning assumptions. It should also set out plans to drive progress in preventing avoidable long-

term care home admissions and improving outcomes from reablement and, if agreed locally, the rationale for local goals for long-term admissions to care homes

- include an explanation of how BCF-funded services will contribute to meeting these goals
- set out how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services. The value for money section of the return must reference how the joint governance set out under national condition 3 will review value for money and productivity
- must be submitted to the national BCF team and regional better care managers by email, using the provided template on the BCF Exchange (NHS Futures login required) by 19 May 2026

19. National condition 2: comply with expenditure and grant conditions

ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.

The planning requirements are:

- ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities may voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded
- the NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area
- local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding

To demonstrate the requirements:

- the BCF assurance return must set out:
 - planned expenditure against core categories
 - the sources of this expenditure from different components of the BCF, including the NHS minimum contribution to social care
- assurance statements in the return will ask ICBs and local authorities to confirm that funding conditions have been met
- ICBs and local authorities must confirm that they will place the funding into one or more pooled funds under section 75 of the NHS Act 2006 once the BCF 2026 to 2027 assurance return is approved. They must do this no later than 30 September 2026

20. National condition 3: effective governance, reporting and engagement

ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements, including adherence to any assurance and oversight processes.

The planning requirements are:

- ICBs and local authorities must have effective joint governance in place to ensure local accountability for delivery of outcomes, including reviewing

performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track

- ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes

To demonstrate these requirements:

- the BCF assurance return must set out robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement
- ICBs and local authorities will need to confirm through assurance statements that they will engage with BCF oversight and support processes if necessary

Strategic Narrative

- 19 The narrative template, attached as Appendix B, sets out Leicestershire's initial approach to the integration of health and social care under the 5 questions set out within it.
- 20 Detail within the narrative has been based on a series of partner discussions to determine priorities for delivery in the next financial year. At its meeting of the 27th January, 2026, members of the Health and Wellbeing Board and the Integration Executive took part in a workshop to discuss the priorities for the plan, any changes in investment required and key lines of enquiry documents produced for each line of the Better Care Fund schemes. This determined priority areas for inclusion in the plan.
- 21 Priority areas were determined as opportunities for further integration, areas where finances could be better aligned across partners and improvements needed to align to national priorities e.g. development of neighbourhood models of care and to demonstrate increased productivity and value for money.

BCF Income

- 22 The BCF Plan for Leicestershire for 2026-27 will total £86.5million. This includes Disabled Facilities Grant funding of £5.7 million which is passported to District Councils. Contributions are summarised in the table below:

ICB minimum NHS contribution	£59,017,028
LA Better Care Grant	£21,824,275
Disabled Facilities Grant	£5,716,379
Total	£86,557,682

BCF Metrics

- 23 In addition to the national conditions, the BCF Policy Framework sets national metrics that must be included in BCF Plans in 2026-27. The local authority and ICB are required to establish ambitions associated with each metric and set out how they will be achieved. This process should then be approved by the HWBB. The framework has three headline metrics:

- Emergency admissions to hospital for people aged 65+ per 100,000 population.
- Average length of discharge delay for all acute adult patients, derived from a combination of:

- proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)
 - for those adult patients not discharged on DRD, average number of days from DRD to discharge.
- Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population

24 In addition to the headline metrics there is an additional metric for reablement outcomes

- Proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by LAs, and who remained in the community within 12 weeks of discharge

25 Ambitions reflect underlying changes in demand over the coming year. For example, the goals for maximum levels of emergency admissions to hospital should take into account any expected underlying growth in demand for admissions due to population demographics. This has been aligned to Urgent and Emergency Care (UEC) planning which will be based on the same increases.

Background papers

Better Care Fund Policy Framework 2026-27:

<https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027#bcf-national-funding-conditions>

Circulation under the Local Issues Alert Procedure

26. None

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List of Appendices

Appendix A – BCF Numerical Template 26-27

Appendix B – BCF Narrative Template 26-27

Appendix C – BCF Planning Principles

Relevant Impact Assessments

Equality and Human Rights Implications

27. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

28. An equalities and human rights impact assessment has been undertaken when the BCF was established and is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>. This identified that the BCF will have a neutral impact on equalities and human rights.

29. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

30. The delivery of the BCF Plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

31. Day to day oversight of delivery is via the Integration Executive, a subgroup of the Health and Wellbeing Board.

Partnership Working and associated issues

32. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the NHS Long-term plan.

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